Editorials, Annotations, and Topics for Our Times

Editorial: Preventing Tobacco Use—The Youth Access Trap

During his tenure, Surgeon General C. Everett Koop transformed the public debate over tobacco use by calling for a smoke-free society by the year 2000. He was the first major public official to articulate clearly the message that smoking need not be a part of American life. The tobacco industry went wild and aggressively attacked Koop, because his message went to the core of the tobacco issue: tobacco use in public was no longer socially acceptable. Today, that message has been eclipsed by a less potent—and probably counterproductive—one: "We don't want kids to smoke."

This issue of the Journal contains three papers that add to the literature demonstrating the importance of preventing the tobacco industry from recruiting new nicotine addicts. Pierce and Gilpin[1] estimate that teenagers who become smokers today will remain addicted for an average of 16 to 20 years. Escobedo and Peddicord[2] show that efforts to prevent tobacco use have not affected people with less than a high school education. DiFranza et al.[3] show that only 28% of vendors consistently obey laws limiting sales of tobacco to children, that the tobacco industry's "It's the Law" program has virtually no effect on the ability of kids to buy cigarettes, and that cigarette vending machine lockout devices have little practical effect.

Everyone seems to agree. The tobacco industry is running advertisements repeating its claim that it wants to stop "underage smoking" because smoking is an "adult custom"; the Food and Drug Administration (FDA)[4,5] has advanced proposals directed at children; and the health departments in the three states with major voter-mandated tobacco control programs—California, Massachusetts, and Arizona—have all been directed to concentrate on kids. There are several good reasons for this strategy from the tobacco industry's point of view.

First, it makes the industry look reasonable. While the industry must recruit kids to replace dying and quitting adults, it can never admit this.

Second, and more important, the message "we don't want *kids* to smoke" reinforces tobacco advertising. Tobacco marketing documents subpoenaed by the Federal Trade Commission[6] over a decade ago show how a cigarette company can introduce "starters" to its brand:

> For the young smoker, the cigarette is not yet an integral part of life, of day-to-day life, in spite of the fact that they try to project the image of a regular, run-of-the-mill smoker. For them, a cigarette, and the whole smoking process, is part of the illicit pleasure category . . . [a] declaration of independence and striving for self identity. . . .
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> Thus, an attempt to reach young smokers, starters, should be based, among others, on the following major parameters:
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> - Present the cigarette as one of the few initiations into the adult world.
> - Present the cigarette as part of the illicit pleasure category of products and activities.
> - In your ads create a situation taken from the day-to-day life of the young smoker, but in an elegant manner have this situation touch on the basic symbols of the growing-up, maturity process.

The message "we don't want *kids* to smoke" reinforces this message. Kids shouldn't smoke, but if you want to look and act like an adult, do it.

Editor's Note. See related articles by Pierce and Gilpin (p 253), Escobedo and Peddicord (p 231), and DiFranza et al. (p 221) in this issue.

The current concentration on youth access is not the first time that the health community has inadvertently reinforced a tobacco industry message. One reason that kids start to smoke is the fact that they grossly overestimate smoking prevalence.[7] Ubiquitous tobacco advertising has contributed to this misimpression, but so has anti-tobacco education that says "resist your peers, don't smoke." The message should be "be like your friends, be a nonsmoker."

Third, the current concentration on keeping kids from buying tobacco products shifts the focus away from the tobacco industry to tens of thousands of convenience stores and gas stations and the same kind of failed law enforcement–based approach that has characterized the war on illegal drugs. If there is one lesson to be learned from the war on drugs, it is that law enforcement and supply controls cannot prevent people from getting addictive drugs that are profitable to sell. The ultimate misplacing of responsibility is when legislators criminalize children for possessing tobacco.[7–9] Although intensive youth access efforts can reduce the likelihood that some merchants will sell tobacco to kids,[10–13] there is no consistent evidence of a substantial effect on prevalence or consumption of tobacco among kids.

Fourth, the youth access campaign, with its focus on stings, actually teaches kids that cigarettes and other tobacco products are easy to get. While this fact may outrage public health professionals, it sends the wrong message to kids.

Finally, consider the politicians who are pressing tobacco control activities based on kids. In California, Governor Pete Wilson has been campaigning relentlessly—and successfully—to dismantle the state's effective tobacco control program mandated by the voters in Proposition 99.[14–19] California's anti-tobacco campaign once focused on discrediting the tobacco industry and educating the public about nicotine addiction and secondhand smoke (messages that appeal to both adults and kids); now it focuses on youth access. Last year the state ran "Nicotine Soundbites," an ad that turned Congressional testimony of tobacco company executives that nicotine was not addictive into a devastating ad that combined the three messages of discrediting the industry, nicotine addiction, and secondhand smoke into a potent 30-second television spot. Wilson has forbidden the use of the ad. I doubt that "if you see someone selling a kid a cigarette, call this number" has the same bite.

Next door, in Arizona, the voters enacted Proposition 200, which increased the tobacco tax and mandated an anti-tobacco education program. Arizona Governor Fife Symington has made his hostility to the program clear by appointing three tobacco lobbyists to the committee charged with advising the program. The tobacco industry's lawyers and the pro-tobacco members on the committee have loudly demanded that the health department strictly limit the program focus to children. Programs with any crossover between kids and adults have been opposed.

In Massachusetts, the tobacco industry raised a huge fuss when the health department mounted an aggressive and effective media campaign and coordinated local programs concentrating on secondhand smoke and denormalization of tobacco use. The department has backed off from the campaign to concentrate on the less controversial issue of youth access.

Does this mean that the FDA proposal[4,5] to regulate tobacco products using a strategy based on preventing kids from smoking is a mistake? Absolutely not. For the most part, the FDA proposal concentrates on proper labeling of tobacco products as nicotine delivery devices and attempting to curb the tobacco industry's predatory marketing practices. With a few adjustments, such as including the fact that nicotine is addictive in the product labeling and not having the tobacco industry run the anti-tobacco education campaign, these are well-conceived proposals that warrant support. Except for actions directed at manufacturers and distributors, however, the FDA should de-emphasize the law enforcement aspects of its proposal directed at keeping kids from buying tobacco and focus on keeping kids from *wanting* tobacco.

A better way to reduce the marketing of tobacco to kids is to create a real economic incentive for the tobacco industry to stop selling tobacco to kids. For example, rather than advocating taxes on cigarettes—and smokers—public health advocates should advocate taxing *tobacco companies* based on actual consumption of their products by children.[20] Despite what they say, the tobacco companies have a strong incentive to addict children. Not only do they make immediate sales, but, as Pierce and Gilpin[1] show, they also create customers for 16 to 20 years. The companies should be taxed at a level that keeps them from reaping these long-term benefits. If tobacco companies were taxed at a rate equal to twice the retail value of cigarettes of their brands smoked by kids, they would no longer benefit from addicting kids. (A higher multiplier would create an active economic disincentive.) Such a tax would create a situation in which the industry *really* would want to keep kids from smoking.

Finally, the public health community should realize that the best way to keep kids from smoking is to reduce tobacco consumption among everyone. The message should not be "we don't want kids to smoke"; it should be "we want a smoke-free society." As the tobacco industry knows well, kids want to be like adults, and reducing adult smoking sends a strong message to kids about social norms.

Ironically, in the rush to concentrate on kids, other, more adult-centered approaches to controlling the tobacco epidemic have been displaced by the kids' agenda. Indeed, while the public health community has mobilized aggressively in support of the FDA's proposals, the Occupational Safety and Health Administration's (OSHA) proposal[21] to make workplaces smoke-free has been ignored. Despite the evidence that creation of a smoke-free workplace is the best predictor of progress in smoking cessation[22] and the evidence that creation of a smoke-free workplace reduces smoking prevalence by around 25% and tobacco consumption among continuing smokers by about 20%,[23–30] except for the American Medical Association, not one of the major public health organizations is formally participating in the OSHA rule-making process. The tobacco industry is dominating the proceedings by default.

Public health professionals need to step back from the current preoccupation with youth and return to a more balanced and sophisticated tobacco control program. If current trends continue, we will look back on the mid 1990s as a time that the tobacco industry once again outsmarted the public health community. □

Stanton A. Glantz
Department of Medicine
University of California
San Francisco

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Annotation: The Amphibole Hypothesis of Asbestos-Related Cancer—Gone but Not Forgotten

It would hardly come as a revelation on these pages that legal agendas have often and somewhat unpredictably interposed their vagaries on environmental health practice. The effort to control the staggering asbestos hazard provides one of the clearest examples. On the positive side, manufacturers' recognition of the potential for direct product liability led, in the 1970s, to the explosive growth of occupational medicine clinics, enhanced interest in environmental health among worker groups, and rapid substitution of alternative products for most asbestos uses. Less valuable may have been some of the intense public and private efforts to remove all remaining asbestos, paradoxically risking further exposure and involving costs that were larger than the gross domestic product of some asbestos-exporting countries and that could have possibly been put to better public health use. However, there has been no more perverse consequence of this frenzied litigation than the incursions of liability issues into scientific research and beliefs. The matter of differential pathogenicity of differing sources of asbestos, eloquently discussed by Stayner and his colleagues[1] in this issue of the Journal, serves as a disturbing case in point.

The underlying idea for the "amphibole hypothesis"—the theory that only amphibole fibers (e.g., croccidolite, amosite, and tremolite), and not serpentine (mainly chrysotile) asbestos can cause cancer—arose because of two important observations in the 1970s: (1) serpentine fibers are cleared much faster than amphiboles in the human lung; and (2) several cohorts of chrysotile-exposed workers were reported to have lower (albeit still elevated) rates of lung cancer and mesothelioma than groups with amphibole or mixed exposures previously studied. Because many naturally occurring chrysotile deposits were known to be contaminated by the amphibole tremolite (which might explain the modest elevations of risk among those exposed to chrysotile), the *scientific* concept appeared initially attractive. The ramifications for future scientific inquiry regarding fiber carcinogenesis and the public health ramifications were obvious and important.

No sooner had this theory been articulated, however, than evidence emerged to undermine it. The elegant side-by-side studies of McDonald and colleagues[2,3] confirmed by Dement[4] demonstrating astronomical rates of lung cancer among textile workers exposed

Editor's Note. See related article by Stayner et al. (p 179) in this issue.